TENNESSEE MOTOR VEHICLE COMMISSION LLC OR CORPORATE OFFICERS, DIRECTORS AND STOCKHOLDERS INFORMATION Please TYPE or PRINT LEGIBLY using BLACK INK

DATE:	I	NEW APPLICATION OR DEALER LI	CENSE #
NAME O	F CORPORATION	I OR LLC:	
ADDRES	SS:		
CITY		STATE	ZIP
MAILING	ADDRESS (IF NO	OT SAME AS ABOVE)	
CITY		STATE	ZIP
PHONE_		FAX	
NAME O			Must also fill out back.
	Vice President_		Must also fill out back.
	Secretary/Treas	urer	Must also fill out back.
	Treasurer (If different from Secretary)		
	Directors		
	Tennessee Regi	stered Agent	
	Address		
	City	State	Zip
		perating Officer or Manager name will appear on the dealers lice	

(Over)

Name(s) and home address(es) of ALL individuals owning more than FIVE percent (5%) of the outstanding shares of stock issued by said Corporation (Except publicly held Corporations):

Name	
Address	
City	
State	Zip
Home Phone	
Name	
Address	
City	
State	Zip
Home Phone	<u> </u>
Name	
Address	
City	
State	Zip
Home Phone	
Name	
Address	
City	
State	Zip
Home Phone	
Name	
Address	
City	
State	Zip
Home Phone	
Name	
Address	
City	
State	Zip
Home Phone	

Note: 1. If additional space needed, reproduce this page and attach to application.

2. Attach copy of the Tennessee Secretary of State confirmation letter of "Articles of Organization" (for new applicants only).

END